

U.S. No. 2
 FORM-5-43
 Rev. 5-17-39
 I X36671

FILED MAR 25 1947
 1949

Registration District No. **1002** Primary Registration District No. **1002** Registrar's No. **1133**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
 (a) County Jackson
 (b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
1113 Troost Ave., Kansas City, Missouri
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution None
(Specify whether years, months or days)
 In this community 15 Years

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jackson
 (c) City or town Kansas City
(If outside city or town limits, write "RURAL")
 (d) Street No. 1113 Troost Avenue
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME ROSANA CATHERINE STOHR
 3. (b) If veteran, name war No 3. (c) Social Security No. 496-03-6574

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife William 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased July 15 1886
(Month) (Day) (Year)

8. AGE: Years 60 Months 7 Days 26
 If less than one day _____ hr. _____ min.

9. Birthplace Sabetha Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation Pantry Girl
 11. Industry or business Hotels

MOTHER { 12. Name Francis M Dyche
 13. Birthplace Don't Know Missouri
(City, town, or county) (State or foreign country)
 14. Maiden name Mary Ann Plunkett
 15. Birthplace Davenport Iowa
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Margaret Stephenson
 (b) Address 1113 Troost Ave., K.C. Mo.
 17. (a) Removal (b) Date thereof March 14-47
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Mt. Calvary Cemetery K.C. Mo.

18. (a) Signature of funeral director Jos. A. Butler's Sons
 (b) Address 22 South 18th. St. K.C. Mo.
 19. (a) 3-12-47 (b) Meraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 11th.
 year 1947 hour 11 minute 15 A. M.

21. I hereby certify that I attended the deceased from June 1st, 1945 to March 11th, 1947.
 that I last saw her alive on March 11th, 1947.
 and that death occurred on the date and hour stated above.

Immediate cause of death Generalized Carcinomatosis
Primary Squamous Cell Carcinoma
in Cervix in 1942 Treated by Radium
and deep X-ray Therapy.
 Due to metastases extending in retroperitoneal
mediastinal and neck nodes
 Due to also terminal acute Vegetative Endocarditis
 Other conditions mild Diabetes 3 years
(Include pregnancy within 3 months of death)

Major findings: None since 1936
 Of operations _____
 Of autopsy see above
 Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) No
 (b) Date of occurrence No
 (c) Where did injury occur? No
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
No
 (e) Means of injury _____
 While at work? No (Specify type of place)
 23. Signature J. Harvey Jemitt (M. D. or other) MD
 Address 424 Prof. Bldg. K.C. Mo. Date signed 3-12-47

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....
Licensed Embalmer No. 8426
P. O. Address: Kansas City 2, Kansas

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.